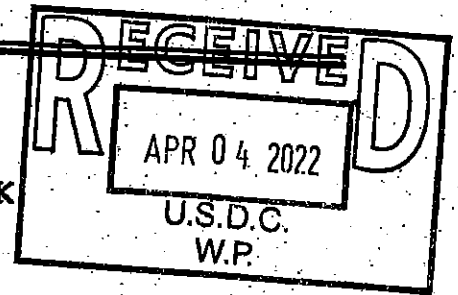


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



Antoine Flowers

Write the full name of each plaintiff.

No. _____
(To be filled out by Clerk's Office)

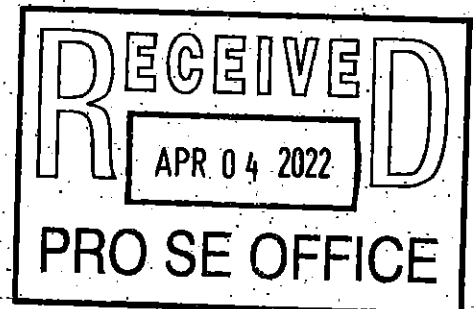
-against-

COMPLAINT
(Prisoner)

Donald Sehl #951232, Fred Dorch #938388, Albert
Gonzalez #941828, Michael Best #948866, John doe,
John doe, New York Police Department, City of
New York City

Do you want a jury trial?
☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

Antoine Eddie Flowers
First Name Middle Initial Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Rikers Island (241-20-02182), Attica (21A1240), NYSID 09106357M

Prisoner ID # (If you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Attica Correctional Facility
Current Place of Detention

P.O. Box 149

Institutional Address

Attica
County, City

New York
State

14011
Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

Sehl Donald 951232
 First Name Last Name Shield #
Detective
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
New York NY 10038
 County, City State Zip Code

Defendant 2:

Fred Dorch 938388
 First Name Last Name Shield #
Detective
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
New York N.Y. 10038
 County, City State Zip Code

Defendant 3:

Albert Gonzalez 941828
 First Name Last Name Shield #
Detective
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
New York N.Y. 10038
 County, City State Zip Code

Defendant 4:

Michael Best 948866
 First Name Last Name Shield #
Detective
 Current Job Title (or other identifying information)
1 Police Plaza
 Current Work Address
New York NY 10038
 County, City State Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: Corner of East 168 street Boston Road Bronx, NY 10456

Date(s) of occurrence: December 4, 2020

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On december 4, 2020 at 7:00pm on the corner of East 168 street Boston Road multiple officers; plain clothes undercover officers that weren't wearing body-cameras approached me. Four (4) of them decided to search me, A officer, each held my arms and two officers went behind me. Both officers behind me pulled down my pants and underwear I instantly try'd to turn around but was pushed and held forcibly against a car by the two officers that were holding me. One of the two officers behind me then forced one of ^{his} fingers into my rectum. I started to scream very loud that "he has his finger in my ass" repeatedly. The officer then penetrated his finger in and out my rectum 3 to 4 times, when I started to cry he took his finger out then the other officer behind me decided to take his hand and swipe up and down the crack of my buttocks. I looked at the other officers that stood by and watched, I asked (screamed) while crying; "why are ya'll standing there letting them

do this to me". The two officers behind me pulled my underwear and pants up then one of them ~~we~~ whispered "that's for recording us when we got your boy donte", referring to a video I recorded of plain clothes undercover officers pulling down my friend Donte Joe underwear and pants and placing their hands (fingers) into his rectum and buttocks. Nothing was found on me at the scene but then I was later ~~threat~~ threatened,

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Sexual~~ly~~ assault, Assaulted, constitutional Rights, ~~Sodomized~~ ^{Sodomized},

I was taken to Lincoln hospital where I was refused medical treatment for being sexually assaulted by an Chinese/Asian Male ~~do~~ doctor.

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

- Injunctive Relief
- Declaratory Relief
- Compensatory Damages 50 million

abused, and forced to give a recorded statement about crimes that I didn't commit (while at the 42nd Precinct). Before I was forced to give the statement I was taken ~~into~~ forcibly while handcuffed and shackled into the bathroom by the same 4 officers inside the fingerprint room of the 42nd precinct where there are several CCTV cameras. My pants and underwear were pulled down again for the second time, right before the officer put his finger in my rectum he said "I bet after this you won't record us anymore and you're going to admit to these charges or you will never see your son or the streets again." The officer then jammed his finger into my rectum and I started to scream kicking the bathroom door open and facing the bathroom was the holding cells where other incarcerated individuals were and witness what the officers were doing. The officer with his finger in my rectum was standing close^{to} the door, he then took his finger out of my rectum, closed the door and placed his finger back in my rectum again. In a penetration motion he jammed his finger in my rectum, while leaving his finger in my rectum he grabbed the back of my neck and

Slammed my face into the wall and said "you're going to go in the interview room and admit these drugs and gun charges, your going to tell us on camera you found the gun in a tunnel of a train station and you took the drugs from someone of the streets from block I was ~~arrested~~ arrested on or you will never see your son or the streets again". The officer then took his finger out of my rectum and pulled my underwear and pants back up. When I was taken out of the bathroom I immediately asked to go to the hospital which I was granted by the Lt. because he heard me when I said it. At the same time I was trying to get the Lt attention so I could tell him what happen but I was witnessing him tell two of the officers out of the four that sexually assaulted me to go with me to the hospital. I told the Lt. to please not send me with those officers cause they just sexually assaulted me. They was still allowed to come with me to the hospital, when we arrived a Chinese/Asian doctor came to approach me but the officers stopped him and told him to treat me for a drug overdose. I try'd to talk to the doctor but he ~~not~~ refused to

listen and I was treated for a drug overdose and sent back without being treated for officers sexually assaulting me. Please review and investigate ~~this~~ this case and matter carefully and as soon as possible because I'm being denied and refused my rights and these officers are getting a way with a crime.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

March 31, 2022

Dated

Attaine

Attaine Flowers

Plaintiff's Signature

Flowers

First Name

Middle Initial

Last Name

Attica Correctional Facility P.O. Box 149

Prison Address

Attica

New York

14011

County, City

State

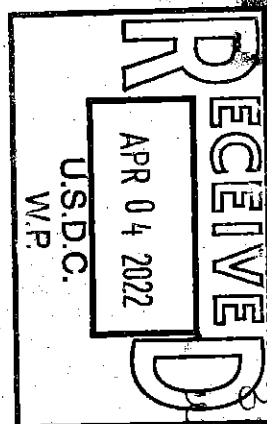
Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: March 31, 2022

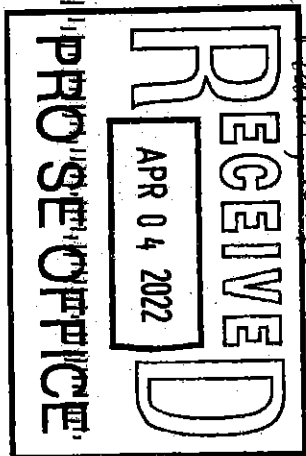
ATTICA CORRECTIONAL FACILITY
BOX 149
ATTICA, NEW YORK 14011-0149

NAME: Antoine Flourens DIN: 21A1340

ATTICA CORR FACILITY



10601-414000



BUFFALO NY 140
31 MAR 2022 PM 1 L



PRO SE INTAKE
United State District Court
Southern District of New York
800 Quarropas Street
White Plains, N.Y. 10601